

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5 MAIL CENTER

JONI PAC

ADDRESS (number and street)

☐

(Check if address  
is changed)

C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER SUITE 4400

BEVERLY

CITY ▲

MA

STATE ▲

01915

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

JONIPAC@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
08 / 04 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRUCE NILSON

Signature of Treasurer

BRUCE NILSON

*Bruce Nilson*

Date

MM / DD / YYYY  
08 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

**JONI PAC****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****JONI K ERNST**

Mailing Address

PO BOX 93441

DES MOINES

IA

50393

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BRUCE NILSON

Mailing Address

C/O REDCURVE SOLUTIONS

500 CUMMINGS CENTER SUITE 4400

BEVERLY

MA

01915

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617

848

8887

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

BRUCE NILSON

Mailing Address

C/O REDCURVE SOLUTIONS

500 CUMMINGS CENTER SUITE 4400

BEVERLY

MA

01915

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617

848

8887

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVENUE

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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RT 229

11:80  
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Red Curve Solutions  
500 Cummings Center  
Suite 4400  
BEVERLY, MA 01915

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999 E ST NW

WASHINGTON, DC 20463

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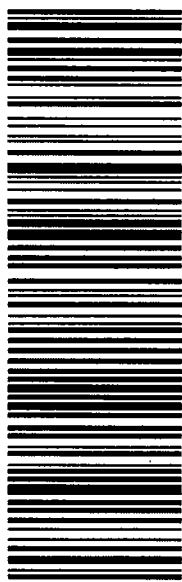
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20463

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1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.

Insert shipping document here

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>FEDEX</b>	Shipping Date <b>8/8/14</b>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="display: flex; justify-content: space-between;"><div style="text-align: center;"> <b>PREPARER</b></div><div style="text-align: right;"><b>8/11/14</b> <b>DATE PREPARED</b></div></div>	